1. PLACE OF BIRTH	BOARD OF HEALTH OTTAL STATISTICS TIVICATE OF BIRTH State File No. Registered No. 18
County Yula	State angua
District or Township.	or Village
City. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Pull name of child Olice Louise Funt [supplemental report, as directed.]	
3. Sex of Child To be answered ONLY 1. Twin, triplet or other in event of plural births. 4. Twin, triplet or other in event of plural births. 5. No., in order of birth	7. Date of hirth Cled 2-1929
Full name W m Thomas Prutt	14. MOTHER Full maiden name Viola Lucindo Besure
9. Residence (Usual place of abode) Sloke	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state. Arig
10. Color or race	16. Color or race
W Will 11. Age at last birthday 42 (Years)	White 17. Age at last birthday 32 (Years)
12. Birthplace (city or place) Bellfunt	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of industry Assusewefe
20. Number of children of this mother. (a) Born alive and now living 2 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was the late above stated.	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature (Born alive or stillborn) (Born alive or stillborn) (Chysician or Midwife)	
Given name added from a supplemental report Month, day, year Address Boy 63 Glob Cive	
Filed row 9 1924 S. E. Which time as	
123-1002-52	Registrar